

Seattle-King County Department of Public Health (SKCDPH)

African American Community Leaders Roundtable

Meeting of February 10, 1999

Notes Prepared by Naomi Johnson

Attendees:

Neal Adams, Region 10-OMH
June Belefond, Seattle-King County Department of Public Health
Gwen Browne, Mayor's Council on African American Elders
Sheila Capestany, City of Seattle
Sandy Ciske Seattle-King County Department of Public Health,
Cheza Collier Seattle-King County Department of Public Health,
Shelley Cooper-Ashford, Center for Multicultural Health
Lynn French, African-American Community Health Network
Dawne Hood, MD, Carolyn Downs Family Medical Center
Paula Houston, Seattle-King County Department of Public Health
James Hurd, African-American Community Health Network
Linda Jones, Center for Muticultural Health
Naomi Johnson, Seattle-King County Department of Public Health
Brent A. Oldham, M.D., Physician, Seattle, WA
April Pace, James Bowman & Assoc.
Alonzo Plough, Ph.D., MPH, Seattle-King County Department of Public Health
Donald Proby, Seattle-King County Department of Public Health

Millie Russell, EdD, Wa State Assoc. of Black Prof. in Health Care
Mike Smyser, Seattle-King County Department of Public Health,
Clarence Spigner, MPH, Assoc. Prof., University of Washington
Alvin Thompson, MD, Wa State Assoc. of Black Prof. in Health Care, KC BOH
Henry Ziegler, MD, Seattle-King County Department of Public Health

Invited, unable to attend:

Carol Allen, Central Area Senior Center
Walter Atkinson, Public Education Program, City of Seattle
John Cannon, Mayor's Council on African American Elders
Gregory Davis, ROPE,
Patricia Dawson, M.D., Providence Medical Center
Maxine Hayes, MD, WSDOH
Rodney Hines, Friends of Center for Multicultural Health
Walt Hubbard, Mayor's Office
Rayburn Lewis, M.D., Medical Director, Providence Medical Center

Topic	Discussion	Concern/Action
Welcome and Goals	Alonzo Plough welcomed the participants to the second session of this Roundtable.	The meeting followed an agenda outlined in the "Topic" column of these notes and developed in follow-up to issues raised at the first meeting.
Introductions	The participants introduced themselves (see list above).	
Discussion of Major Policy Issues / Gaps in Data or Services	Alonzo noted that, for this meeting, the discussion would be gaps in data or services related to African American people.	The group agreed African Americans tend to suffer at an earlier age from more health problems than other populations. Patients must be encouraged to invest in their own well being and good self-care. Health care professionals must be involved with the community as "allies" rather than "adversaries."
Opportunities for Collaboration	<ul style="list-style-type: none">Funding is an area that community agencies struggle with. The question was raised and debated whether a sub-group or umbrella coalition could be of value in reaching fund-raising objectives. A coalition of this type is seen as being high-energy, fresh and able to move the community and overcome limitations that seem insurmountable to any single agency. It is important that group work together. Operating in isolation is not successful.	<ul style="list-style-type: none">This is a top priority. Considerable discussion led the conclusion that this type of coalition could be supported by everyone at the table. It could be an existing organization or a new coalition. The Public Health Department would be able to staff either an existing organization or a new coalition but would seek deep community involvement. This umbrella coalition is envisioned to:<ul style="list-style-type: none">Bring together all the agenciesAct as a foundation to advocate and support fund-raising efforts of the agencies

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Opportunities for Collaboration (continued)	<ul style="list-style-type: none"> A recommendation was made for broad-based community education for people of color, emphasizing the need for regular care, early interventions, taking control of health care needs and improving self-esteem. Health care providers need to effectively serve people of color in a post-I-200 world. Consumer must feel connected to their physicians and health care provider team, viewing them as accessible and available. A suggestion was made for developing a missing dental safety net. The City has provided budget for one year. However, planning is needed now to provide access to dental care for the uninsured. There is a need for a good resource book, outlining a status inventory who does what. 	<ul style="list-style-type: none"> Generate resources to support the work of all the agencies Be able to represent the African American people Develop into a focused, truly community driven foundation / coalition Provide an umbrella coalition to promote health care in Washington State Serve as a central conduit for information Be a central clearinghouse of information and advocacy, allowing the agencies to do more than simply fight fires but effect change in the delivery system Identify and recruit volunteers The group believes there is room for more prevention and advocacy for health education. The goal would be for consumer education and provider education. The group would like to see people empowered to speak up, practice focused activism, and hold the system accountable. It was noted that the Public Health Department has lots of data and it is time for connection to the community and the people who need it. Some agencies have started to work on this. But dental access must be improved. Cheza Collier distributed copies of the African American Business Directory for 1998. <p>Consensus was reached on this topic that it is imperative to raise the urgencies of disparities and to broaden the communication channels.</p>
	<i>Councilmember McIver's Report</i>	Seattle Councilmember McIver has asked the Public Health Department to look at disparity issues throughout their programs and engage community involvement in a review of healthcare disparities; asking that "Closing the Gap" in African American health care be made visible and urgent.
Topic	Discussion	Concern/Action
	<i>Federal "Closing the Gap" Grant</i>	New federal grants are available for "Closing the Gap" and information is

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		available through David Satcher's office.
	<i>Johnson Grant</i>	This is listed as a sample of other possible collaborations.
	<i>Others</i>	The RWJ Grant offers opportunities for funding. The Kellogg Foundation is requesting proposals. The University of Washington provides linkage with the community. The Public Health Department funds five University fellowships and a new affiliation agreement will provide additional linkages between the two agencies.
Structure for Ongoing Collaboration	<p>Cheza Collier reviewed the the Healthy Aging Partnership as a model collaboration. A group of people, representative of public and private sector, working together with Public Health providing staffing and continuity.</p> <p>Another example is the Community Health Plans of Washington working collaboratively on mental health in primary care clinic systems. Unintended Pregnancy was mentioned as a successful collaborative model.</p>	"Closing the gap" can only happen with deep collaboration and sustained effort. Alonzo requested that the participants think of the Department as a resource, a catalyst, with tools to enhance the various activities and programs. He noted that this happened with Healthy Aging Partnership which is community-driven but staffed by Public Health.
Next Steps	A follow-up meeting will be held next week following the same format as previous meetings.	It is proposed that the work group: 1) Begin work on the McIver Report. 2) Tackle any one of the issues identified above 3) Discuss collaboration and determine next steps
Next Meeting	The group informally adjourned at 1:30pm. Alonzo thanked everyone for participating.	The next meeting has been scheduled for Thursday, February 18, 1999, in the Alki Conference Room at First Interstate Center from 11:30-12:30 pm.